



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

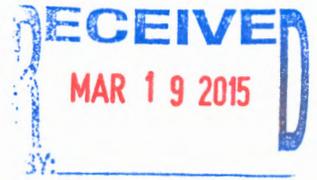
Permit Operations Division

1100 4th Street SW

Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862

TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: March 19, 2015

Cap Id: R1500077

D.C. Historic Preservation Office

1100 4th Street S.W. , Rm E650

Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

4437 A ST SE

LOT: 0102 SQUARE: 5350 TYPE:

VACANT: Yes

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: 3/19/15 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) 3-19-15



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

RIS 000 77

Application Date: 3/19/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 4437 A ST. S.E. D.C.	2. Quad	3. Ward	4a. Square 5350	4b. Suffix	5. Lot 0102
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2. APPLICANT INFORMATION

6. Property Owner D.C. GOVT.	7. Complete mailing address (include zip) DCRA 1100 4TH ST NW	8. Phone Number(s) 202- 442-4406	9. Email
10. Agent/Contractor for Owner (if applicable) Robert E. JACKSON MCM CORP.	11. Complete mailing address (include zip) 439 10TH ST. N.E. WASH. D.C. 20002	12. Phone Number(s) 202- 546-1629	13. Email re.jacksonjr.@ MSN.COM

3. TYPE OF PERMIT

14. Check all that apply:
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) WOOD / FRAME SINGLE FAMILY			16. Existing Number of Stories of Bldg: 1
17. Use(s) of Property (specifically indicate if any use is residential.) RESIDENTIAL		18. Materials of Building (brick, wood, etc.) WOOD / FRAME	
19. Bldg Length (ft) 40	20. Bldg Width (ft) 15	21. Bldg Height (ft) 15	22. Bldg Volume (cu ft) (L x W x H) 9000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name MIRACLE CLEANING + MAINT. CORPORATION		24. Contractor's Address (including zip code) 439 10TH ST NE WASH. D.C. 20002		25. Contractor's Phone 202-546-1629	
26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature <i>Robert S. John</i>			
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name JAMES S. LYNN	34. Plumber's License Number DPM879	35. Raze Method (ball, bulldozer, by hand, etc.) HAND + HAMMER
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building of the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"

36. Insurance Company COLONY INS. CO.	37. Policy or Certificate No. APP88102113	38. Expiration Date 7-17-2015
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Official Use Only		
		Fee	By	Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



NOTICE TO PROCEED

Address: 4437 A STREET SE
Square: 5350 LOT: 0102
Control # 15-00159

TO : MIRACLE CLEANING & MAINTENANCE CORPORATION
439 10TH STREET NE
WASHINGTON DC 20002

FROM : ROBERT SPRIGGS
ENFORCEMENT PROGRAM MANAGER

SUBJECT : IMMEDIATE RAZE

THE PROPERTY IDENTIFIED ABOVE HAS BEEN DECLARED UNSAFE AND AN IMMINENT DANGER TO CITIZENS IN AND AROUND THIS LOT BY THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. IMMEDIATE REMOVAL HAS BEEN ORDERED UNDER DC CODE 42-3131.01.

- ACCORDINGLY, you are directed to remove the structure immediately. The Department of Consumer and Regulatory Affairs will coordinate the removal of utility services to this structure, but per statement of work, you are required to confirm the cut-offs.

BECAUSE OF THE EXISTING DANGER POSED BY THIS STRUCTURE, WORK MUST COMMENCE WITHIN 2 DAYS OF PERMIT ISSUANCE.

Contract Award:

- Any questions regarding this NOTICE may be directed to Robert Spriggs, Enforcement Program Manager on (202) 442-4406.

By: Robert Spriggs Date: 2/26/15
Robert Spriggs, Enforcement and Legislative Affairs

Contractor Signature: Robert E. Jordan Date: 2/26/15

Proceed Date: _____ Complete Date: _____

This project has been funded in part by a U.S. Department of the Interior, National Park Service Historic Preservation Fund grant administered by the District of Columbia's Historic Preservation Office.

<i>Permit Number</i>	2649	<i>Date</i>	9/26/1923
<i>Owner</i>	Brown, J. H.	<i>Roll of Microfilm</i>	247
<i>Architect</i>	Cissel		
<i>Builder</i>	Brown, J. H.		
<i>Quantity</i>	5		
<i>Stories</i>	1	<i>Material</i>	frame
<i>Width</i>	20	<i>Depth</i>	34
<i>Purpose</i>	dwelling	<i>Number of Families</i>	1
<i>Store?</i>	<input type="checkbox"/>		
<i>Solid/Filled</i>	solid	<i>Material of Foundation</i>	concrete
<i>Front Material</i>	frame	<i>Type of Stone</i>	
<i>Type of Roof</i>	pitch	<i>Roof Material</i>	compositio
<i>Heat</i>	stove	<i>No Plumbing or Gasfitting</i>	<input checked="" type="checkbox"/>
<i>No Electric</i>	<input type="checkbox"/>	<i>Roughing In Only</i>	<input type="checkbox"/>
<i>Estimated Cost</i>	\$1,800	<i>No Sewer Available</i>	<input checked="" type="checkbox"/>

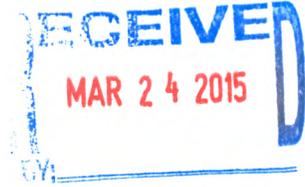
Notes

<i>Updated</i>	<i>Extant</i>	<i>Square</i>	<i>Lot</i>	<i>Address</i>				<i>House Type</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5350	0101	4435	A	Street	SE	Detached
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5350	0102	4437	A	Street	SE	Detached
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5350	0103	4439	A	Street	SE	Detached
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5350	0104	4441	A	Street	SE	Detached
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5350	0105	4443	A	Street	SE	Detached



Government of the District of Columbia
 Department of Consumer and Regulatory Affairs

Permit Operations Division
 1100 4th Street SW
 Washington DC 20024
 Tel. (202) 442 - 4589 Fax (202) 442 - 4862
 TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date March 24, 2015

Cap Id R1500081

D.C. Historic Preservation Office
 1100 4th Street S.W., Rm E650
 Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address
 2717 WADE RD SE

LOT 0283 SQUARE: 5865 TYPE VACANT Yes

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington DC 20024

CLEARANCE

It is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: 3-24-15 Signature: [Handwritten Signature]

Name of releasing HPO Official. (print) [Handwritten Name]



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 00081

Application Date: _____

1. INFORMATION ON PROPERTY

1. Address of Proposed Work <i>2717 Wade Rd. S.E.</i>	2. Quad	3. Ward	4a. Square <i>5865</i>	4b. Suffix	5. Lot <i>0283</i>
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2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
10. Agen/Contractor for Owner (if applicable) <i>Margni Incorporated</i>	11. Complete mailing address (include zip) <i>603 Callatin St. N.W. Washington DC 20011</i>	12. Phone Number(s) <i>(202) 258 0211</i>	13. Email <i>margni_inc@ Yahoo.com</i>

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit
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4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) <i>two story stucco framehouse</i>	16. Existing Number of Stories of Bldg: <i>2</i>		
17. Use(s) of Property (specifically indicate if any use is residential.) <i>residential</i>	18. Materials of Building (brick, wood, etc.) <i>wood</i>		
19. Bldg Length (ft) <i>45'</i>	20. Bldg Width (ft) <i>16'</i>	21. Bldg Height (ft) <i>35'</i>	22. Bldg Volume (cu ft) (L x W x H) <i>25,234</i>

OFFICIAL USE ONLY

CONDITIONS/COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name <i>Margni Incorporated</i>		24. Contractor's Address (including zip code) <i>603 Gallatin St. N.W. Wash. D.C. 20011</i>		25. Contractor's Phone <i>(202) 258-0211</i>	
26. Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature <i>Derrick Tyson</i>			
27. CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
29. Building Condemned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature			
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.			
		30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.			
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Building must be vacant before Raze Permit issuance.			
32. Public Space Vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only			
		Fee	By	Date	

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.) <i>Excavator</i>
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1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
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39. Asbestos in Building? If yes, indicate location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
		Fee	By	Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



NOTICE TO PROCEED

Address: 2717 WADE ROAD SE
Square: 5865 LOT: 0283
Control # 15-00028

TO : MARGNI INCORPORATED
603 GALLATIN STREET NW
WASHINGTON DC 20011

FROM : ROBERT SPRIGGS
ENFORCEMENT PROGRAM MANAGER

SUBJECT : IMMEDIATE RAZE

THE PROPERTY IDENTIFIED ABOVE HAS BEEN DECLARED UNSAFE AND AN IMMINENT DANGER TO CITIZENS IN AND AROUND THIS LOT BY THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. IMMEDIATE REMOVAL HAS BEEN ORDERED UNDER DC CODE 42-3131.01.

- ACCORDINGLY, you are directed to remove the structure immediately. The Department of Consumer and Regulatory Affairs will coordinate the removal of utility services to this structure, but per statement of work, you are required to confirm the cut-offs.

BECAUSE OF THE EXISTING DANGER POSED BY THIS STRUCTURE, WORK MUST COMMENCE WITHIN 2 DAYS OF PERMIT ISSUANCE.

Contract Award: \$19,975.00

- Any questions regarding this NOTICE may be directed to Robert Spriggs, Enforcement Program Manager on (202) 442-4406

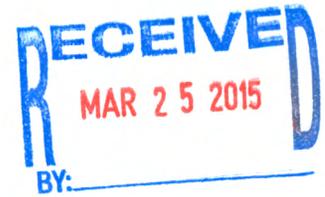
By: [Signature] Date: 3/24/15
Robert Spriggs, Enforcement and Legislative Affairs

Contractor Signature: [Signature] Date: 3-13-15

Proceed Date: _____ Complete Date: _____



Government of the District of Columbia
Department of Consumer and Regulatory Affairs



Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: March 25, 2015

Cap Id: R1500082

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:

131 133 R ST SW

LOT: **0809** SQUARE: **0603** TYPE:

VACANT: **Yes**

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 000 82

Application Date: 3/25/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
131-133 R street SW	SW	Six			20

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Potomac Electric Power Company	701 9th street NW 20001	202-872-3466	cparikh@pepco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410- 247-5031	nbucci@northstar.com

3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

4. DESCRIPTION OF BUILDING

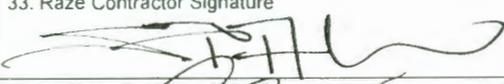
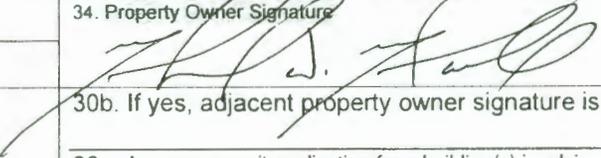
15. Description of Building to be Razed (e.g., two story brick single family dwelling)			16. Existing Number of Stories of Bldg:
Commercial 1 story			
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Last use Lot 20 Bakery		Block, Brick and steel	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
340	80	15	408000

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name Northstar Contracting Group, Inc.	24. Contractor's Address (including zip code) 3900 Vero Road Balto, Md 21227	25. Contractor's Phone 410-247-5031
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26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature  34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.		
27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. Party Wall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By	Date

33. Plumber's Name <input type="text"/>	34. Plumber's License Number <input type="text"/>	35. Raze Method (ball, bulldozer, by hand, etc.) Excavator, skid steer and by hand
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1. You must submit a Certificate of Insurance covering the raze operation/contractor-- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

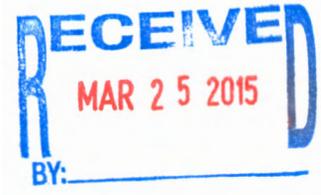
- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"
(address of raze operation)

36. Insurance Company National Union Fire Ins Co Pittsbur	37. Policy or Certificate No. GL538832	38. Expiration Date 7/1/2015
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39. Asbestos in Building? If yes, indicate location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only	
	Fee	By	Date



Government of the District of Columbia
Department of Consumer and Regulatory Affairs



Permit Operations Division
1100 4th Street SW
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: March 25, 2015

Cap Id: R1500083

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
1620 2ND ST SW

LOT: 0019 SQUARE: 0603 TYPE: VACANT: Yes

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter I § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 000 83

Application Date: 3/25/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1620 2nd Street A	SW	Six			20

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Potomac Electric Power Company	701 9th street NW 20001	202-872-3466	cparikh@pepco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410-247-5031	nbucci@northstar.com

3. TYPE OF PERMIT

14. Check all that apply: Raze Permit

4. DESCRIPTION OF BUILDING

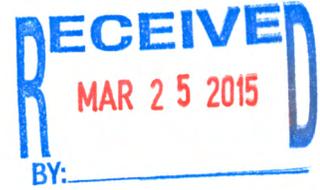
15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg:	
Commercial 1 story			
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brick, wood, etc.)	
Last use Lot 20 Towing garage		Block, Brick and steel	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
162	50	13	105300

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:



Government of the District of Columbia
Department of Consumer and Regulatory Affairs



Permit Operations Division
1100 4th Street SW
Washington DC 20024
Tel. (202) 442 - 4589 Fax (202) 442 - 4862
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

Date: March 25, 2015

Cap Id: R1500084

D.C. Historic Preservation Office
1100 4th Street S.W. , Rm E650
Washington, DC 20024

Re: Request for clearance of premises subject to razing operations

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:
1620 2ND ST SW

LOT: 0019 SQUARE: 0603 TYPE: VACANT: Yes

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

CLEARANCE

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: _____ Signature: _____

Name of releasing HPO Official. (print) _____



APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R15 000 8A

Application Date: 3/25/15

1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1620 2nd Street B	SW	Six			20

2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Potomac Electric Power Company	701 9th street NW 20001	202-872-3466	cparikh@pepco.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
Northstar Contracting Group, Inc.	3900 Vero Road Baltimore, Md 21227	410-247-5031	nbucci@northstar.com

3. TYPE OF PERMIT

14. Check all that apply
 Raze Permit

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)		16. Existing Number of Stories of Bldg	
Commercial 2 story			
17. Use(s) of Property (specifically indicate if any use is residential.)		18. Materials of Building (brck, wood, etc.)	
Last use Lot 20 Towing		Block, Brick and steel	
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
66	35	25	57750

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT

23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
Northstar Contracting Group, Inc.	3900 Vero Road Balto, Md 21227	410-247-5031

26. Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature  34. Property Owner Signature  30b. If yes, adjacent property owner signature is required. 30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected. Building must be vacant before Raze Permit issuance.						
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Building Vacant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only						
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Fee</td> <td style="width: 33%;">By</td> <td style="width: 33%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Fee	By	Date			
Fee	By	Date						

33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
		Excavator, skid steer and by hand

1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at _____"

(address of raze operation)

36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
National Union Fire Ins Co Pittsbur	GL538832	7/1/2015

39. Asbestos in Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Official Use Only		
If yes, indicate location:		Fee	By	Date



5350 0102 10/07/2004

4437 A Street SE



5865 0283 10/11/2004

2717 Wade Road SE



131 -133 R Street SW (R1500082)



0603 0019 09/26/2004

1620 2nd Street SW (R1500083)



1620 2nd Street SW (R1500084)